PROVIDER TYPE PROFILE

PROVIDER TYPE	NE	NEMT EQUINE
REIMBURSE-MENT TYPE	02	FEE-FOR-SERVICE EFFECTIVE 05-01-2019

CATEGORIES OF SERVICE		LICENSE/CERTIFICATION
MANDATORY	31 NON-EMERGENCY TRASNPORTATION	• Sign/Dated Provider Profile
OPTIONAL		
OPTIONAL		
OPTIONAL		
OPTIONAL		
OPTIONAL		
OPTIONAL		
OPTIONAL		

ATTESTATION:

As the Owner/Provider you attest to compliance with any Tribal Animal Control inspections and requirements and ensure the equines are fit to provide Non-Emergency Transportation services. Any changes that could or will impact the Medicaid provider ID are expected to be reported to AHCCCS, the Office of Inspector General Provider Registration Section within 30 days of change.

By signing below you are indicating that this information is accurate, complete and made available upon request.

Signature		Printed Name	
Date			

Provider Name		Provider ID Number	